

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038480

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2791

FILED SEP 25 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Length of stay in 1b 8 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		d. STREET ADDRESS (If outside, give location) 2304 Angelica St.	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last BERNICE EVELYN SPITZMILLER			4. DATE OF DEATH Month Day Year Sept. 6 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/1/1909	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labeler		10b. KIND OF BUSINESS OR INDUSTRY Reynolds Alum. Pro.		11. BIRTHPLACE (City and state or country) Nokomis, Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Fred Brummert		13b. MOTHER'S MAIDEN NAME Selecta Oakley		14. NAME OF HUSBAND OR WIFE Decoased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Robert Spitzmiller 1122 ^a Angelica St	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Heart failure due to Myocardial infarction</i> DUE TO (b) <i>Death of blood vessel due to</i> DUE TO (c) <i>Failure of coronary artery</i>		INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., in or about home, disease condition given in PART I) <i>Failure of coronary artery</i>		PART III. If deceased was female was there a pregnancy in last 90 days. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>y</i>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from Death occurred at <i>home</i> on <i>9/6/63</i> and last saw her alive on <i>9/6/63</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>John C. Murphy M.D.</i>		22b. ADDRESS <i>2520 N. 1st St. St. Louis, Mo.</i>		22c. DATE SIGNED <i>9/10/63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9/9/1963</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Peters Comotory</i>		23d. LOCATION (City, town, or county) <i>St. Louis, County Mo.</i>	
24. FUNERAL DIRECTOR <i>Shedmyer & Sons</i>		ADDRESS <i>2934 E. 20th St.</i>		25. DATE REC'D BY LOCAL REG. <i>9/9/63</i>		26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

14031

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9570.2

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.